

FF/CFR's RESPONSE TO THE STEPHEN GROUP (TSG) RECOMMENDATION ON MANAGED CARE

In a recent letter to the Legislative Task Force Members the Governor supported, based on a recommendation of TSG, a move toward managed care but only for limited and targeted populations. I submit to you that it would not be beneficial, nor a cost savings for the state, to include the residents of the five state operate Human Development Centers (HDC's) in a TSG proposed managed care system.

The HDC's have operated for years, and continue to operate today, under a very successful form of managed care. The health of each resident is assessed upon admission and continually monitored from that time forward. Based on the individual's assessment all necessary medications are prescribed by a physician. Because HDC residents are unable to store and safely self-administer medications these tasks are performed daily by licensed nursing staffs. This further ensures that the correct medicine is always dispersed, and at the proper time and dosage every day.

Almost half of the residents in the HDC's have been determined to be medically fragile therefore has daily access to qualified nursing care, as well as on-site physician care as necessary. Nearly 800 are currently on physician ordered modified diets due to high risks of choking. This is a classic example of one of the many preventive measures included in the managed care process already in place at each of the five HDC's.

In his letter to the Task Force Governor Hutchinson also cited the fact that the state has already invested substantial dollars in two new payment models: Episodes of care and patient center medical homes. He firmly believes these models are creating cost savings and should not be abandoned. Ironically, the state operated HDC's are a classic example of a Patient-Centered Medical & Health Home. And the episodes of care for this group of citizens are most often measured in lifetimes rather than weeks or months as is most common in the general population. HDC residents suffer from a primary diagnosis that is incurable and will be with them for as long as they live. The specific managed care they receive at the HDC's is exactly what is required to maintain their quality of life. The current plan meets the needs of the people it serves, is cost effective, and is administered in-house therefore incurring no additional costly fees for third-party administrators.

The managed care plan already in place at the HDC's is far superior to any proposal that I have seen from The Stephen Group. Until we are showed and convinced there is a better plan for the HDC's, we need to stay with what has worked so well for so many years.

Darrell Pickney

President FF/CFR

